

Marie A. Langan Scholarship
C.A.H.C.E.O., Inc.
info@cahceo.com

SCHOLARSHIP APPLICATION

DATE OF APPLICATION ____ / ____ / ____

RULES: *(Please read before signing application)*

- 1. The applicant must be a Connecticut resident and a child or grandchild of an active C.A.H.C.E.O. member or retired C.A.H.C.E.O. member who is in good standing, and;**
- 2. Applicants who are undergraduate students shall be enrolled for a minimum of 12 credit hours per semester and applicants that are graduate students shall be enrolled for a minimum of 6 credit hours at an accredited institution of higher learning and be fully matriculated.**
- 3. The applicant must attach a copy of a college acceptance letter and high school transcript; or for continuing students, a schedule and college transcript, which indicates he or she is a full-time student in good standing. In either case the applicant's transcripts must show a minimum 2.5 cumulative grade point average (GPA).**
- 4. Your application will not be reviewed until a recommendation letter is received from a C.A.H.C.E.O. member; or community leader.**
- 5. This completed application must be received no later than September 30.**

Applicant's Name: _____

C.A.H.C.E.O. Member's Name: _____

Relationship to C.A.H.C.E.O. Member: _____

Name of College: _____

Please check the appropriate box to denote year of college/ grad school: 1st, 2nd, 3rd, 4th

Major Field of Study: _____

Plans after graduation: _____

College/ Community/ High School Activities:

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home: () _____ Work: () _____

CAHCEO Member's/ Applicant's Parent's Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home: () _____ Work: () _____

Applicant's Signature: _____ Date: _____

Please write a statement about yourself which identifies what you think is important for the committee to know or that is important to you (minimum of 100 words). This statement is required of first time applicants. May be attached as separate document.

(Attach additional page for information, if necessary.)

Approved by: _____

Date Received: _____